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FILED
JAN 31 2008
RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

E-filing

CRB

(PR)

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

MARK EVAN ODELL

Plaintiff,

vs.

COUNTY OF BUTTE , et al.

Defendant.

CV 08 0756

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

I, MARK EVAN ODELL, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: 0 0 Net: 0 0

Employer: 0 0

If the answer is "no," state the date of last employment and the amount of the gross and net salary and wages per month which you received. (If you are imprisoned, specify the last place of employment prior to imprisonment.)

4 _____

5 _____

6 _____

7 2. Have you received, within the past twelve (12) months, any money from any of the
8 following sources:

9 a. Business, Profession or Yes No A
10
11

13 c. Rent payments? Yes No
14 d. Previous convictions Yes No

14 d. Pensions, annuities, or Yes No
15 life insurance payments?

16 e. Federal or State welfare payments, Yes No
17 Social Security or other govern-
18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
20 received from each.

21 | Page

22 | Page

23 3. Are you married? Yes No

24 Spouse's Full Name: _____

25 || Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ _____ Net \$ _____

28 | 4. a. List amount you contribute to your spouse's support: \$

1 b. List the persons other than your spouse who are dependent upon you for
 2 support and indicate how much you contribute toward their support. (NOTE:
 3 For minor children, list only their initials and ages. DO NOT INCLUDE
 4 THEIR NAMES.).

5 _____
 6 _____

7 5. Do you own or are you buying a home? Yes ___ No

8 Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

9 6. Do you own an automobile? Yes ___ No

10 Make _____ Year _____ Model _____

11 Is it financed? Yes ___ No ___ If so, Total due: \$ _____

12 Monthly Payment: \$ _____

13 7. Do you have a bank account? Yes ___ No (Do not include account numbers.)

14 Name(s) and address(es) of bank: _____

15 _____

16 Present balance(s): \$ _____

17 Do you own any cash? Yes ___ No ___ Amount: \$ _____

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
 19 market value.) Yes ___ No ___

20 _____

21 8. What are your monthly expenses?

22 Rent: \$ 50 Utilities: 50

23 Food: \$ 60 Clothing: 60

24 Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

28 \$ _____ \$ _____ 9. Do

1 you have any other debts? (List current obligations, indicating amounts and to whom they are
2 payable. Do not include account numbers.)
3 _____
4 _____

5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes ____ No X

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.
9 _____
10 _____

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15
16 1/15/08
17 DATE


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SIGNATURE OF APPLICANT

1

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Case Number: _____

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CERTIFICATE OF FUNDS

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IN

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PRISONER'S ACCOUNT

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13

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Marc E. O'Dell for the last six months at

16

[prisoner name]

17

SAN QUENTIN STATE PRISON where (s)he is confined.

18

[name of institution]

19

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 22.65 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 22.65.

22

23

Dated: 1/10/08

24

[Authorized officer of the institution]

25

26

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REPORT ID: TS3030 .701

REPORT DATE: 01
PAGE NO:

CALIFORNIA DEPARTMENT OF CORRECTIONS
 SAN QUENTIN PRISON
 INMATE TRUST ACCOUNTING SYSTEM
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JUL. 10, 2007 THRU JAN. 10, 2008

ACCOUNT NUMBER : F06395

BED/CELL NUMBER: H 0500000000C

ACCOUNT NAME : ODELL, MARC EVAN

ACCOUNT TYPE: I

PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

TRAN

DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BAL
07/10/2007		BEGINNING BALANCE					
07/11	W516	LEGAL COPY CH	0111/LCOPY		0.30		
07/16	FR01	CANTEEN RETUR	700176		1.61-		
07/16	FC01	DRAW-FAC 1	0186/M1ST		1.61		
07/18	W516	LEGAL COPY CH	0235LCOPY		0.70		
07/23	FC02	DRAW-FAC 2	0331 H3RD		21.25		
07/23	FR01	CANTEEN RETUR	700336		1.61-		
08/02*	V050	INMATE-PAYROL	700494		20.25		
08/20	FC02	DRAW-FAC 2	0708HUNIT3		20.25		
09/10*	V050	INMATE-PAYROL	0943/AUG07		22.82		
09/11*	W516	LEGAL COPY CH	0974LPOST		0.40		
09/11	W516	LEGAL COPY CH	0974LPOST		1.10		
09/17	W516	LEGAL COPY CH	1098LCOPY		0.30		
09/17	W516	LEGAL COPY CH	1098LCOPY		0.20		
09/17	W516	LEGAL COPY CH	1098LCOPY		0.20		
09/17	W516	LEGAL COPY CH	1098LCOPY		0.40		
09/17	W516	LEGAL COPY CH	1098LCOPY		0.10		
09/17	W536	COPAY CHARGE	1099/COPAY		5.00		
09/24	FR01	CANTEEN RETUR	701182		0.40-		
09/24	FC02	DRAW-FAC 2	1184HUNIT3		15.52		
10/09*	V050	INMATE-PAYROL	701375		23.81		
10/19	W536	COPAY CHARGE	1588/COPAY		5.00		
10/22	FC02	DRAW-FAC 2	1600/H 3RD		18.81		
10/28*	V050	INMATE-PAYROL	701878		28.70		
11/09	W449	DONATION-ARTS	1910FD/SALE		10.00		
11/13	FR01	CANTEEN RETUR	701934		4.96-		
12/04*	V050	INMATE-PAYROL	702191		19.58		
12/18	W448	DONATION-SQUI	2422FMV/K		26.00		
12/24	FC02	DRAW-FAC 2	25347H3RD		17.24		
		ACTIVITY FOR 2008					
01/03*	V050	INMATE-PAYROL	702608		20.77		

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 11/07/05

CASE NUMBER: CM01816

COUNTY CODE: BUT

FINE AMOUNT: \$ 4,5

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BAL
07/10/2007		BEGINNING BALANCE		4,5

January 7, 2008

Larry Ward

Senior Accounting Officer

Sir:

I have sought in vain to get my correctional counselor to have the attached form processed. I need this form processed and a six month trust statement.

Thank you

Mark E. ODell

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THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.
ATTEST: 11/10/08
CALIFORNIA DEPARTMENT OF CORRECTIONS



BY
TRUST OFFICE